

March 17, 2006

Montana Medicaid Notice

Psychiatrists, Physicians, Mid-Level Practitioners, Pharmacies, Community Mental Health Centers, and Psychological Services Providers

15-day Supply Limit Clinical Edit on Initial Atypical Antipsychotic Prescriptions

Effective April 17, 2006

The Department will begin implementing a clinical edit at the pharmacy point of sale to limit the initial prescription for selected drug classes to a 15-day supply. This edit is intended to reduce the cost associated with initial drug therapies that fail. The claims payment system will search a client's previous 12-month claim history for the specific drug. If a paid claim for that specified drug cannot be located, the initial supply will be limited to 15 days or less. An edit message will be sent to the pharmacy indicating the claim exceeds the initial therapy limit. Reducing the quantity and submitting the claim for a 15-day supply or less will allow for the immediate adjudication of the claim. All other program edits will continue to be in place. All refills may be filled in full month supplies.

The client cost share rules remain in effect for initial and subsequent fills.

Prescribers who use samples to determine the appropriate therapy choice can indicate such on their prescription, allowing the pharmacy to call for a prior authorization (PA) to bypass this limitation and fill a full month supply on the initial prescription fill. Similarly, clients new to Medicaid who can show a documented history on one of the specified medications are also eligible for a PA to fill a full month supply on the initial prescription fill.

The rationale for this policy is that certain drug therapies are closely associated with treatment failures due to adverse drug events (ADE), adverse drug reactions (ADR), poor patient compliance or changes in a client's medical condition. In most cases, new drug failures are seen within the first two weeks of therapy.

The first phase of this 15-day supply limitation clinical edit will target the atypical antipsychotics—expensive medications commonly failed due to ADE/ADR:

- Abilify[®] (aripiprazole)
- Seroquel[®] (quetiapine)
- Clozaril[®] (clozapine)

- Symbyax[®] (olanzapine/fluoxetine)
- Geodon[®] (ziprasidone)
- Zyprexa[®] (olanzapine)
- Risperdal[®] (risperidone)

Geodon I.M., Risperdal Consta, Risperdal M-Tabs, Zyprexa I.M. and Zyprexa Zydis already require prior authorization and will not be included in this clinical edit.

The prescriber (physician, etc.) or pharmacy may submit requests by mail, telephone, or fax to:

Drug Prior Authorization Unit
 Mountain Pacific Quality Health Foundation
 3404 Cooney Drive
 Helena, MT 59602
 (406) 443-6002 or (800) 395-7961 (Phone)
 (406) 443-7014 or (800) 294-1350 (Fax)

To request prior authorization, providers must submit the information requested on the *Request for Drug Prior Authorization Form* to the Drug Prior Authorization Unit. This form can be copied from page 5.9 of the Medicaid Prescription Drug Program Manual on the web at <http://www.dphhs.mt.gov/medicaid/pdf/pharmacy.pdf>

Any questions regarding this notice can be directed to Roger Citron at (406) 444-5951 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958
Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>